

MAR 28 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5613

1. PLACE OF DEATH

County Livingston

Registration District No. 508

File No.

Township

Primary Registration District No. 3026

Registered No. 137

City County Chillicothe

St. (Ward)

2. FULL NAME Louise Wilhemina Saals

(a) Residence. No. 440 Calhoun St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Saals

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1929, to Feb 3 1930 that I last saw her alive on Feb 3 1930, and that death occurred, on the date stated above, at 5-9 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 27-1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart decompensation
23A
75B

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 6

CONTRIBUTORY (SECONDARY) Chronic pulmonary tuberculosis (duration) 2 yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Housewife (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) Stark Co. (STATE OR COUNTRY) New Berlin Ohio

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

10. NAME OF FATHER Joseph Pierson

WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Abbe Lorraine France

WHAT TEST CONFIRMED DIAGNOSIS Clinical (Signed) R. B. Brimmer, M. D.

12. MAIDEN NAME OF MOTHER Mary Millard

(Address) Chillicothe Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Abbe Lorraine France

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Edward Saals (Address) Chillicothe Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL 2-5-1930

15. FILED 2/4 1930 Reuben Danney REGISTRAR

20. UNDERTAKER James D. Gordon ADDRESS Chillicothe Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

